## BEST AVAILABLE (SOPY STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | iD (T. | DATE      |
|---------------------------|----------|--------|-----------|
| FEE DETERMINATION         | Maile-   | TC19   | 04-14 01  |
| O.I.P.E. CLASSIFIER       | 710015   | 2/2    | 5-17/01   |
| FORMALITY REVIEW          |          | 1000   | 104/00/01 |
| RESPONSE FORMALITY REVIEW | 1        |        | (WIUS/V)  |

## INDEX OF CLAIMS

| ~ | Rejected                   | N Non-ele | ecte |
|---|----------------------------|-----------|------|
| = | Allowed                    | IInterfer | enc  |
| _ | (Through numeral) Canceled | A Appeal  |      |
| ÷ | Restricted                 | OOhiecte  | h    |

|                   | ÷   | Restricted | 0  | Ubjected | •   |
|-------------------|---|------------|--|----------|---|
| Claim             | Date  | Claim      | Date   | Claim    | Date  |
| Final<br>Original |   | Final      |  | Final    |   |
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| 38                | <del></del>                                       | 87         |  | 137      |   |
| 39                | <del>                                     </del>  | 89         |  | 138      | ++++++  |
| 40                |   | 90         | <del>             </del>                           | 139      | +++++   |
| 41                |   | 91         | <del>┤┤┤┤</del> ┤                                  | 141      | ++++-   |
| 42                |   | 92         |  | 142      | <del>++++</del>                                   |
| 43                |   | 93         |  | 143      | <del>+ + + + + +  </del>                          |
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| 49                | <del>┍╶┞┈┞┈╏╸╏╸╏</del> ╸╏                         | 99         | ╅╅┼┼┼  | 148      | +++++   |
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If more than 150 claims or 10 actions staple additional sheet here

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W. 2/0/0/0